

CALIFORNIA'S HEALTH

WILTON L. HALVERSON, M.D.
DIRECTOR OF PUBLIC HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

ENTERED AS SECOND-CLASS MATTER FEB. 21, 1922, AT THE POST OFFICE AT SACRAMENTO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

SACRAMENTO (14), 621 J STREET, 2-4711

SAN FRANCISCO (2), 668 PHELAN BLDG., 760 MARKET ST., UN 8700

LOS ANGELES (12), STATE OFFICE BLDG., 217 W. FIRST ST., MA 1271

VOLUME 3, NUMBER 17

MARCH 15, 1946

ANN WILSON HAYNES
Editor

NEED FOR VENEREAL DISEASE CONTROL MEASURES AMONG THE YOUNGER AGE GROUPS*

Venereal disease control measures among the younger age groups in California need greater emphasis than ever before, according to a report of the Bureau of Venereal Diseases. Among all juvenile and young adult groups primary and secondary syphilis have increased: 27 per cent in 1945 over 1944 in both the 15-19 and 20-24 age groups. Gonorrhea increased 21 per cent in the 15-19 age group, and 45 per cent in the 20-24 group.

TABLE 1

Cases and Per Cent Increase of Infectious Venereal Diseases Reported by Civilian Agencies in California, 1944 and 1945

Age groups	1944	1945	Increase	Per cent increase
Primary and Secondary Syphilis				
Total—All ages	4,108	5,225	1,117	27
15-19	492	623	131	27
20-24	1,194	1,518	324	27
Gonorrhea				
Total—All ages	20,365	27,675	7,310	36
15-19	3,130	3,789	659	21
20-24	6,833	9,939	3,106	45

Source: Monthly Morbidity Reports, California State Department of Public Health.

The greatest rise in these groups occurred among Negroes and Mexicans. Between 1941 and 1945 infectious venereal disease increased 77 per cent among Negroes in the 20-24 age group, and 47 per cent in the 15-19 age group. A still greater increase, 96 per cent, was found among Mexican men from 20-24 years of age. The greater proportion of this increase can be accounted for by the large number of single men who entered California to work in Mexican National Labor camps. Most of those infected named prostitutes as the source of infection. In fact, all reports during the last quarter of

1945 indicate that prostitution is increasing markedly in this State.

Table 2 shows that the highest incidence of venereal disease occurred among males of the younger groups—up to 24 years of age—and among Negroes of both sexes in those same younger groups.

TABLE 2

Cases of Infectious Venereal Diseases (Gonorrhea and Primary and Secondary Syphilis) Reported by Civilian Agencies in California for Age Groups 15-19 and 20-24 by Race, and by Sex, 1944 and 1945

			Increase or decrease	Per cent increase or decrease
15-19 age group				
Total—All races*	1944	1945		
Male	3,622	4,412	790	22
Female	1,641	2,233	592	36
White*	1,977	2,178	201	10
Male	1,949	2,059	110	6
Female	665	842	177	27
Negro*	1,283	1,217	-66	-5
Male	1,230	1,804	574	47
Female	726	1,048	322	44
Mexican*	503	756	253	50
Male	320	439	119	37
Female	199	296	97	49
Other and unknown	120	142	22	18
	123	110	-13	-10
20-24 age group				
Total—All races*	8,027	11,457	3,430	43
Male	3,919	5,856	1,937	49
Female	4,103	5,598	1,495	36
White*	4,769	5,919	1,150	24
Male	2,015	2,491	476	24
Female	2,752	3,427	675	24
Negro*	2,299	4,088	1,789	78
Male	1,342	2,375	1,033	77
Female	956	1,713	757	79
Mexican*	666	1,152	486	73
Male	431	847	416	96
Female	234	303	69	29
Other and unknown	293	298	5	2

* Includes unknown sex.

Source: Monthly Morbidity Reports, California State Department of Public Health.

* Taken from the *Monthly Report* of the Bureau of Venereal Diseases, for January, 1946, and an address by A. Frank Brewer, M.D., Chief, Bureau of Venereal Diseases, Social Hygiene Day meeting, San Francisco, February 15, 1946.

The total number of syphilis cases reported as 27,877 is a 3 per cent increase over the 1944 figure, but the rate per 100,000 population decreased because the population in California was still increasing in 1945.

In the five-year period 1941-1945, rates for primary and secondary syphilis reached their lowest level in 1942, but rose with the great influx of war workers and service men into California in 1943. And they have continued to rise. See Table 3.

TABLE 3

Number of Cases Reported and Morbidity Rates per 100,000 Population for Primary and Secondary Syphilis, Syphilis of all Types, Gonorrhea, and Population for Civilians in California, 1941-1945, Inclusive

Year	Population	Syphilis		Gonorrhea	
		Primary and secondary	All types	No. of cases	Rate
		No. of cases	No. of cases		
1941	7,070,000	3,284	21,711	16,098	228
1942	7,425,000	2,689	23,225	12,408	167
1943	7,795,000	3,091	29,346	14,632	188
1944	8,373,080	4,108	26,961	20,365	243
1945*	8,917,000	5,225	27,877	27,675	310

* All 1945 morbidity figures are provisional.

Source: Monthly Morbidity Reports, California State Department of Public Health and Population Estimates of the California Taxpayers' Association.

Reported cases of all types of syphilis were at their lowest level in 1941, reached a peak in 1943, but decreased rapidly thereafter. This decrease at a time when infectious syphilis rates were rising might be explained in part by the fact that the mass blood testing program—both selectee and preemployment serological examinations—in 1943 discovered large numbers of late cases; while in 1944 and 1945 emphasis was shifted to finding infectious cases. There is also every indication that the incidence is definitely increasing. Both civilian and military agencies are at present reporting large numbers of infectious venereal disease cases. This early post-war rise is sometimes attributed to the partial disruption of customary social controls, especially in the case of migratory workers and returning service men.

Factors which have brought in the larger proportion of early cases for treatment during the past two years were to some extent the availability of rapid treatment centers, the popularity of penicillin as a "quick cure," and a generally better understanding on the part of the public of the need for early treatment.

In California during 1945, 2,200 infectious syphilis patients received penicillin therapy in periods of from eight to 10 days in public hospitals and clinics. Under former treatment techniques much time would have been spent on each case to hold it for the full course of treatment—from one to three years—before it could be considered non-infectious. With the new technics the case

holding problem has been reduced until now more of a field worker's time can be devoted to contact tracing. In this way most of the early cases of syphilis will be placed under treatment sooner than formerly and fewer persons will be exposed.

Approximately 8,200 gonorrhea patients in 1945 received penicillin therapy on an ambulatory basis in public health clinics. Each patient was actually diagnosed and treated within a period of 24 hours.

However, some persons do not consider venereal disease a hazard to their own health or to the health of others. Experience has shown that about 15 per cent of the patients are prone to become infected time and again. Had they when younger acquired through teaching in the school, home and church a concept of their personal and community responsibility in venereal disease control, they would not be public health menaces now.

With the development of newer technics of treatment of the venereal diseases, it is expected that more attention can be given to wiping out conditions that contribute to their spread. Since the venereal disease rate in a community reflects the promiscuity rate, the control of promiscuity is as vital to the control of syphilis and gonorrhea as the control of mosquito breeding is to the control of malaria and yellow fever. Public health workers together with representative members of the communities by pooling their efforts to stamp out VD have found that part of their task is concerned with getting rid of promiscuity. Old social safeguards need to be improved and strengthened—brought up to date. New safeguards need to be fashioned.

Public health facilities and programs are in most places in California adequate for diagnosis and treatment. What is needed is community action to utilize public health services to the maximum and to eradicate social conditions—including ignorance and indifference—which facilitate the spread of the venereal diseases, particularly among the younger age groups.

CONVENTIONS SCHEDULED FOR SAN FRANCISCO

The San Francisco Convention and Tourist Bureau lists the following meetings of interest to public health workers as scheduled for San Francisco during 1946:

- April 22-24, California Tuberculosis and Health Association.
- April 29-May 1, California State Dental Association.
- May 27-29, Pacific Coast Society of Orthodontists.
- June 23-26, California Pharmaceutical Association.
- June 26-28, American Neurological Association.
- June 26-28, American Ophthalmological Society.
- June 28-July 2, American College of Chest Physicians.
- July 1-5, American Medical Association.
- September 16-19, Association of Western Hospitals.

STATE WINS L. A. SEWAGE DISPOSAL SUIT

The suit of the People of California versus the City of Los Angeles and satellite cities to stop pollution of the shores and waters of Santa Monica Bay with sewage was successfully concluded with a decision rendered by Judge of the Superior Court Joseph W. Vickers and filed on February 1st.

The case is outstanding in the country, in that 15 corporate defendants, two of which are corporations, and 91 public officials were joined in the suit, the disposal of sewage of 3,000,000 people is involved, and it will require \$21,000,000 or more to satisfy the judgment.

Action was started by the State on September 15, 1941, when the State Board of Public Health ordered the Bureau of Sanitary Engineering to make a sustained study of the pollution of Santa Monica Bay and its beaches. Acting on the findings of this study, which are published in *Report on a Pollution Study of Santa Monica Bay Beaches in 1942*, the board on April 3, 1943, quarantined approximately 10 miles of beach. Studies were continued and on October 13, 1945, the board extended the quarantine to cover additional beaches.

The court found that the defendants and their predecessors "have for many years past, and now are, maintaining a public nuisance in and along Santa Monica Bay by the discharge of sewage into Santa Monica Bay." December 31, 1947, is set as the date when the condition must be corrected.

STEPS OUTLINED

The following steps outlined by the court must be taken by the defendants:

1. By March 1, 1946, the City of Los Angeles shall advertise for bids and award a contract or start construction itself by force account for the complete excavation of the site of the new plant at Hyperion.

2. By April 1, 1946, the City of Los Angeles shall "award a contract, or themselves shall begin the actual construction work on force account, for the immediate construction of a new submarine tube extending from the treatment plant or plants at Hyperion into the Pacific Ocean at least 5,000 feet from the present mean high tide line and having a capacity equivalent to a tube 12 feet in diameter."

3. Within 90 days after the decree was filed, the City of Los Angeles shall apply to the State Department of Public Health for a permit to construct and operate a new sewage treatment plant or works at Hyperion.

4. If any corporate defendant has a method of disposing of sewage other than by the new Hyperion plant, it must within 90 days after the decree was filed report that fact to the court and apply to the State Department of Public Health for a permit.

5. Corporate defendants which do not adopt some other method of disposing of sewage must within 90 days after the decree was filed apply to the State Department of Public Health for a permit to discharge sewage through the new plant to be built at Hyperion and complete all necessary financial arrangements.

6. Each corporate defendant is required to report to the court by April 29, 1946, in detail the arrangements it has made for raising funds for the payment of its proportionate share of the cost of the new plant.

7. By July 31, 1946, the City of Los Angeles must have made complete and detailed plans and specifications for a satisfactory new plant at Hyperion.

8. After August 1, 1947, the defendants are "permanently and forever enjoined and restrained" from discharging sewage and other substances injurious to the public health into Santa Monica Bay except "through a non-leaking submarine tube extending from the present mean high tide line into the Pacific Ocean at least 5,000 feet."

9. The new plant at Hyperion and any other plants constructed as a result of the court order must be completed and in operation by December 31, 1947.

As a means of releasing beaches from quarantine during the time the new plant is in construction, the court has enjoined the defendants from discharging sewage into Santa Monica Bay for the period beginning June 1, 1946, through October 31, 1946, and from June 1, 1947, through October 31, 1947, unless there is in operation at the Hyperion plant additional equipment or chlorinating machines which will reduce the bacteria in the effluent sufficiently to permit safe bathing.

The court is retaining jurisdiction in the matter "for the purpose of making such additional orders as may be necessary or expedient to carry this decree into full force and effect."

The State was represented in the case by the Attorney General's office through Deputies Bayard Rhone and Henry A. Dietz.

DECLINE IN INFANT AND MATERNAL MORTALITY

According to provisional figures on infant mortality, neonatal mortality, and maternal mortality all three rates declined in California in 1945 as compared with 1943, 1944, and the 5-year median:

	1945	1944	1943	5-year median
Infant mortality				
Deaths per 1,000 live births.....	32.4	34.8	34.6	34.8
Neonatal mortality				Not avail- able
Deaths per 100 live births.....	22.3	23.7	22.7	
Maternal mortality				
Deaths per 1,000 live births.....	1.6	1.7	2.1	2.0

CONSERVATION OF PENICILLIN URGED BY PNEUMONIA EXPERTS

The following statement of the Pneumonia Technical Advisory Committee, reprinted from *Health News*, New York State Department of Health, December 31, 1945, will be of interest to health officers who are concerned with the use of penicillin:

The committee is greatly disturbed by the limited available supply of penicillin for the treatment of the expected number of cases of pneumonia and urges the medical profession to curb the waste of penicillin which is now occurring. That waste is caused by

- (a) The use of penicillin for the prophylaxis and treatment of diseases for which it is obviously not indicated.
- (b) The use of penicillin for the continued treatment of patients long after any effective therapeutic benefit might be expected.
- (c) The use of oral preparations of penicillin which require from three to six times the parenteral dosage, and where absorption from the gastrointestinal tract is uncertain.

As a corollary to this situation, the committee also deplores the present tendency of practicing physicians to treat patients with chemotherapeutic agents without making any attempt to determine the bacteriological cause of the disease. It is emphasized that the indiscriminate treatment of patients without bacteriological diagnosis may well lead to the death of patients who otherwise may be cured. Examples of these are: Staphylococcal pneumonia complicating influenza requires very large dosage of penicillin if cure is to be effected; streptococcus infections due to sulfonamid resistant strains of streptococcus hemolyticus will not respond to sulfonamid drug therapy; pneumococcal pneumonias require parenteral treatment if recovery is to be assured.

The committee recommends that whenever there is a clinical or bacteriological indication that a patient is suffering from a disease for which penicillin is known to be effective, treatment with penicillin in adequate dosage parenterally be started immediately. It also recommends that the bacteriological etiology of the disease be determined at the earliest possible moment and that the treatment of the patient be continued or discontinued in accordance with the bacteriological findings and clinical developments.

The danger of the development of penicillin resistant micro-organisms is favored by the indiscriminate use of penicillin in adequate dosage.

In certain hospitals the waste of penicillin has been prevented and thousands of dollars have been saved by the delegation to a competent physician or committee the responsibility to survey the use of penicillin at the hospital, to recommend to the staff how

existing wastes may be prevented, and to assist the medical board and administrator of the hospital in exercising continuous control.

It is imperative that the limited supply of penicillin be husbanded and used only parenterally and only for those diseases in which the drug can reasonably be expected to be effective, and that its administration be discontinued as soon as possible. If this policy is not followed, it is likely that physicians will not have penicillin available to treat the diseases for which penicillin is the essential therapeutic agent.

For your information the following is a list of diseases for which penicillin is indicated and contraindicated, as prepared by the Committee on Chemotherapeutic Agents of the National Research Council and the United States Food and Drug Administration (*Journal of the American Medical Association*, Vol. 128, No. 16, pp. 1161-1162, August 18, 1945).

INDICATIONS AND CONTRAINDICATIONS FOR THE USE OF PENICILLIN*

Group I. Indications

1. All staphylococcal infections with and without bacteremia:
 - Acute and chronic osteomyelitis
 - Carbuncles—soft tissue abscesses
 - Meningitis
 - Cavernous or lateral sinus thrombosis
 - Pneumonia—empyema
 - Carbuncle of kidney
 - Wound infections—burns
 - Endocarditis
2. All cases of clostridia infections:
 - Gas gangrene
 - Malignant edema
3. All hemolytic streptococcal infections with bacteremia and all serious local infections:
 - Cellulitis
 - Mastoiditis with intracranial complications, i.e., meningitis, sinus thrombosis and so on
 - Pneumonia and empyema
 - Puerperal sepsis
 - Peritonitis
 - Endocarditis
4. All anaerobic streptococcal infections:
 - Puerperal sepsis
 - Localized infections elsewhere
5. All pneumococcal infections of:
 - Meninges
 - Pleura
 - Endocardium
 - All cases of sulfonamide-resistant pneumococcal pneumonia
6. All gonococcal infections
7. All cases of anthrax
8. All cases of chronic pulmonary suppuration in which surgical treatment is contemplated
9. All meningococcal infections failing to respond to sulfonamides
10. All cases of bacterial endocarditis due to susceptible organisms
11. Erysipeloid (swine erysipelas)
12. Vincent's infection
13. Prophylactic use in prevention of possible secondary infections following tonsillectomy and tooth extraction in cases with a history of rheumatic fever or in rheumatic heart disease

* Excerpted from "New Dosage Forms of Penicillin," Keefer, C. S., Herwick, R. P., Van Winkle Jr., W., and Putnam, L. E., *J. A. M. A.*, August 18, 1945, pp. 1161-1164.

ease, in congenital heart disease and in other conditions in which secondary infection may occur (infected teeth; tonsils)

Group II. Indications

Penicillin has also been found to be an effective agent in the following diseases, but its position has not been definitely defined and will require additional experimental work:

1. Syphilis
2. Actinomycosis
3. Diphtheria, in conjunction with antitoxin

Group III. Conditions of Questionable Value

Penicillin is of questionable value in mixed infections in which the predominating organism is of the gram negative flora—i.e.:

1. Ruptured appendix with peritonitis
2. Liver abscesses
3. Urinary tract infections due to *Escherichia coli*
4. It is also of questionable value in rat bite fever due to *Streptobacillus moniliformis*

Group IV. Conditions in Which Penicillin is Ineffective

1. All gram negative bacillary infections:

Typhoid—paratyphoid
Dysentery
Escherichia coli
Hemophilus influenzae
Bacillus proteus
Bacillus pyocyaneus
Bucella melitensis (undulant fever)
Pasteurella tularensis (tularemia)
Friedlander's bacillus

2. Tuberculosis
3. Toxoplasmosis
4. Histoplasmosis
5. Acute rheumatic fever
6. Lupus erythematosus, diffuse
7. Infectious mononucleosis
8. Pemphigus
9. Hodgkin's disease
10. Acute and chronic leukemia
11. Ulcerative colitis
12. Coccidioidomycosis
13. Malaria
14. Poliomyelitis
15. Blastomycosis
16. Nonspecific iritis and uveitis
17. Moniliasis
18. Virus infections
19. Cancer

MINIMUM STANDARDS FOR THE CARE OF PHYSICALLY HANDICAPPED CHILDREN

The Crippled Children's Act provides that the Board of Supervisors in each county may furnish medical services for handicapped children in cooperation with the State Department of Public Health or "may perform such services independently, if such services meet minimum standards set by the State Board of Public Health for the care of physically handicapped children."

Standards have been adopted by the State Board of Public Health to serve as a basis for determining compliance with the Act. The State Department's policy is that of encouraging and assisting communities able

to meet these standards to develop their own programs. To this end, it offers the services of its consultant staff of physicians, hospital consultants, orthopedic nurses, physical therapists, nutritionists, and medical social workers; and it will assist counties to train certain types of professional personnel.

To communities unable to carry on independent programs, the facilities of the Crippled Children Services of the State Department of Public Health are available.

The first of the standards has to do with *case finding and reporting*. It requires that a county conduct an active and continuous program of case finding of all persons under 21 who suffer from handicapping conditions as defined in the Act. This may be done by physicians and health and welfare agencies, public and voluntary. All cases must be reported to the local registry within the county and to the State Department of Public Health.

Registration standards require that a central registration file for handicapped children be maintained in each county. It is recommended that a county with an organized county health department maintain a central registration file and that in a county without one the County Welfare Department maintain the file. In a county with more than one organized health department it is recommended that each health department send registration cards to the central county registry and also maintain a duplicate file for its own use.

Diagnostic services must be readily available to all handicapped children in the county. It is required that (1) physicians rendering such services be specialists certified or eligible for certification by their specialty boards; (2) the services be rendered in clinics conducted at regular intervals commensurate with the case load or through the use of individual examinations or a combination of both; (3) records indicating medical diagnosis and plans for treatment be kept for each patient; and that (4) the services be available to all handicapped children in the county.

Treatment meeting the following standards must be provided for all who are eligible: (1) medical treatment shall be rendered by physicians certified or eligible for certification by their specialty boards; (2) hospital care shall be provided in institutions licensed by the State Board of Public Health or in county hospitals meeting equivalent standards; (3) separate facilities for the use of children under 14 must be provided and facilities for infants must be separate from those of older children; (4) proper isolation must be provided for children who develop communicable diseases; (5) there must be at least one qualified nurse with graduate training or experience in pediatrics; (6) clinical laboratories must meet the standards outlined in the Business

and Professions Code; (7) dietary services must provide for the adequate nutrition of children; (8) hospitals treating orthopedic cases shall provide physiotherapy personnel and equipment adequate to carry out the recommended treatment. It is desirable that medical social services by qualified personnel be available.

As to *eligibility*, treatment plans shall be developed for children whose parents or legal guardians can not finance any part of the costs of the necessary care; and for children whose parents or guardians are able to finance a part of the costs. Since the greatest need for assistance is found among the marginal groups who can not afford the full costs of private care and are ineligible for completely free care, part-pay plans are necessary. Families able to finance care privately should, on request, be advised in developing adequate treatment plans.

The necessary *after-care services* shall be provided by the county. Health supervision in the home is the responsibility of the public health nurses and physical therapists. Social services should be made available either through qualified medical social workers, child welfare service workers, or through other social service workers available in the county. The schools are responsible for meeting the educational needs of handicapped children.

RULING: PURE FOOD ACT APPLIES TO FROZEN FOODS

The Attorney General has ruled that frozen foods come under the Pure Food Act. A recent opinion addressed to the State Department of Public Health is quoted below:

"Your letter of September 19th informs us that 'prepackaged style' pertains to frozen meats packaged in cellophane, cardboard or other package materials; as so packaged such meat is not exposed to public view, and that there is a possibility such meats may deteriorate by thawing and freezing. You ask our opinion whether the labeling and branding provisions of the Pure Food Act extend to such frozen packaged meats.

"For the purpose of this opinion it is assumed that the 'Pure Food Act' you refer to is Division XXI, Chapter 3, Sections 26450 to 26605, inclusive, of the Health and Safety Code. 'Food' is defined by Section 26450 as follows:

"'Food' includes all articles used for food, drink, liquor, confectionery, condiment, or chewing gum by man or other animals, whether such articles are simple, mixed or compound."

"Meat, therefore, is included in the term 'food' and is subject to those provisions of the Health and Safety Code relating to the misbranding of foods. The finished frozen food product packaged, labeled and offered to the public for sale is, except for the

processing of such product, essentially the same packaged product as any other food product contained in package or can, offered to the general public for sale.

"The provisions appertaining to the branding and labeling of food products (Sections 26490-26496) in substance provide that the contents of a package must be truthfully represented by the label of its container or, if the State Department of Public Health has prescribed certain standards for food products, that the label on the container shall truthfully represent the contents of the package or container.

"The purpose, therefore, of labeling the package or container of food products is to inform the purchasing public that there is contained in such package or container the product described upon the label and that it is fit for the purpose for which it is sold.

"In *United States v. 95 Barrels*, 265 U. S. 438, 68 L. Ed. 1094 at 1097, the court said:

"If an article is not the identical thing that the brand indicates it to be, it is misbranded."

"In *Hall v. United States*, 260 Fed. 795 at 797, the court stated:

"Language used in the label is to be given the meaning ordinarily conveyed by it to those to whom it is addressed."

"In a recent California case our Supreme Court held in *Escola v. Coca Cola Bottling Works*, 24 Cal. (2d) 453 at 464:

"The retailer, even though not equipped to test a product, is under an absolute liability to his customer, for the implied warranties of fitness for proposed use and merchantable quality include a warranty of safety of the product."

"See, also:

Gindraux v. Maurice Mercantile Co., 4 Cal. (2d) 206.

"The statute makes no differentiation or classification between packaged food products and the provisions of the Health and Safety Code pertaining to branding and labeling applied to all packaged food products, regardless of the processing by which they are packaged."

ADMINISTRATIVE CODE FOR PUBLIC HEALTH NOW AVAILABLE

The *California Administrative Code, Title 17, Public Health*, which includes all the rules and regulations of the State Board of Public Health is now available from the State Bureau of Printing, Documents Division, 11th and O Streets, Sacramento 14. The price is \$2.50 plus tax.

Never before have all the rules and regulations governing the activities of the department been printed in one place or even readily available in any form. They are published in loose-leaf form and will be revised at intervals.

PUBLIC HEALTH MCH CONFERENCES DECLINE IN CALIFORNIA

Approximately 11,250 child health conference sessions were held during the fiscal year ending June 30, 1945, a figure that is essentially the same as for the previous year; but the number of these conferences conducted by the local health department staff had decreased by almost 30 per cent because of personnel shortages.

Prenatal clinic sessions for the same period totaled 6,357, an increase of 50 per cent over those held during the preceding year. However, this increase can be attributed largely to the clinics conducted by Army and Navy personnel, as the number of those held by local health departments dropped sharply. During the same period 635 classes for expectant mothers were held.

There were 408 child health conference centers, of which 163 were in cities with a population of more than 10,000. In 12 counties there were no centers for regular child health supervision.

At the end of June, 1945, there were 90 prenatal centers, of which 66 were in cities with a population of over 10,000. In 35 counties there were no centers for regular prenatal supervision.

Corrective dental services for prenatal patients and preschool age children were available in 35 counties under the auspices of the State and local health agencies. The State dental trailer provided services in four counties in the isolated mountain area where no dental facilities were available.

L. A. HEALTH EDUCATOR EXAMINATION

The Los Angeles Board of Civil Service Commissioners announces an examination for Public Health Educator in the City Health Department. The residence rule is waived. Applications must be filed by the close of business March 25th and the examination will be held on April 9th. Salary range is from \$319 to \$395.

The announcement of the examination states: "In order to receive a score of at least 75.00 per cent in the evaluation of training and experience, candidates should have been graduated from a college or university of recognized standing with a major in public health supplemented by courses in journalism and public speaking, or a degree in journalism supplemented by courses in public health administration and public health education and three years of experience in public health education. Additional experience in this or related fields may be substituted for training on a year for year basis up to a maximum of four years. All experience submitted must be within the last 10 years."

U. C. PUBLIC HEALTH SCHOOL ACCREDITED

The school of public health on the Berkeley campus of the University of California has been approved as an accredited institution for the granting of graduate degrees by the American Public Health Association.

The new status of the school was prompted by the recommendation of the committee on professional education, the accrediting agency, which based its approval on the appraisal of the organization, faculty, laboratory and library facilities in addition to the character and scope of the instructional program.

Besides the University of California, the following schools were also accredited:

Columbia University School of Public Health
Harvard University School of Public Health
The Johns Hopkins School of Hygiene and Public Health
University of Michigan School of Public Health
University of Minnesota School of Public Health
University of North Carolina School of Public Health
University of Toronto School of Hygiene
Yale University School of Medicine, Department of Public Health

STAFF APPOINTMENTS

Mr. Frank M. Stead has become Chief of the Department's Division of Environmental Sanitation. Prior to this appointment Mr. Stead was Senior Industrial Hygiene Engineer of the Bureau of Adult Health.

Mr. Donald R. Caziare has joined the staff of the Bureau of Maternal and Child Health as Hearing Conservation Specialist. Mr. Caziare was recently in charge of the Aural Rehabilitation Center at Hoff General Hospital.

COMMUNITY HEALTH COUNCILS

The establishment of an advisory health council in school districts to study the health needs and to assist in organizing a follow-up program was made mandatory in a recent act of the Pennsylvania State Assembly.

Furthermore, the act provides that "Those making medical and dental examinations shall make an annual report to this advisory council and later make a report on the remedial work which has been accomplished during the school year. This advisory council shall be composed of representatives of the medical and dental associations, social organizations, veterans' organizations, parent-teacher associations, service clubs, and other organizations in the area served."

Thus the responsibility for providing corrective service for medical and dental defects is placed squarely on the community.

SECURING BLOOD SPECIMENS FOR THE DIAGNOSIS OF CONGENITAL SYPHILIS

In the serological testing of babies born of mothers with positive blood tests, lack of uniformity by both private and public health physicians continues. To protect an infant from the late manifestations of congenital syphilis, the following recommendations are offered as a practical guide by the Bureau of Venereal Diseases:

1. All blood tests during the first six months of pregnancy should be quantitative, i.e., tests that give the number of units of titer.

Each request should be made on the serological request form sent to the laboratory.

From 2 cc. to 5 cc. of blood must be sent.

2. At the time of delivery, a quantitative cord blood test should again be obtained, if possible.
3. As a minimum, the infant's blood should be tested at the following periods after birth.

2-4 Weeks;

2 Months;

3 Months.

In infants, blood for testing may be obtained from one of several sources:

- (1) Scalp vein (superficial temporal)
- (2) Ankle vein (great saphenous)
- (3) External jugular vein
- (4) Heel stab

If in the 2-4 weeks' period the blood test is positive, this titer should be followed by additional tests until the end of a three months' period to see if this is a falling or rising titer.

If at three months it stays at the same level or is a rising titer, and if this positive blood test is confirmed by another positive test, a diagnosis of syphilis can be made and the baby put under treatment.

If it is a declining titer, the baby should have further tests. Even if at two months the test is negative, additional tests should be made: at six months; one year; two years. If all these tests continue to be negative, it may be assumed that the child has escaped syphilis.

Syphilis in Mother and Child, Supplement No. 7 to *Venereal Disease Information*, is a technical pamphlet on problems of congenital syphilis. It is for professional distribution and may be obtained by writing to the Bureau of Health Education, 521 Phelan Building, San Francisco.

MORE BEDS FOR THE TUBERCULOUS

Over 200 beds have been added to the list of those subsidized for the care of the tuberculous in the State of California. The increase results from agreements on the part of certain sanatoria in Los Angeles County to meet requirements specified by the Bureau of Tuberculosis and the contingent agreement of Los Angeles County to bring the number of doctors and nurses to the required total.

In San Bernardino County the board of supervisors has agreed to develop plans for a 130-bed tuberculosis unit in connection with the county hospital. Although this number is short of the ratio of 2.5 beds per tuberculosis death, the supervisors have expressed themselves as willing to consider the addition of more beds at a later date.

FOR RHEUMATIC CHILDREN

Dr. Harry Warren, Director of the California Sanatorium at Belmont, California, announces that the Howard Foundation Children's Hospital, a 20-bed unit on the grounds of the California Sanatorium, will be devoted in the future to the convalescent care of children with rheumatic fever and rheumatic heart disease. Children between the ages of six and 12 will be eligible. There is no residence restriction.—S. F. Tuberculosis Assn., *It's Vital*, February, 1946.

SEPTIC TANK BULLETIN REVISED

California Agricultural Extension Service circular 82, *A Septic Tank for Farm Homes*, is now available in a revised edition. Single copies may be obtained without charge from the Extension Service, University of California, Berkeley.

MORBIDITY REPORTS—SELECTED DISEASES—CIVILIAN CASES

Total Cases for January, 1946, 1945, 1944 and 5 Year Median (1941-1945)

Selected diseases	Current month			5-yr. median 1941- 1945
	January			
	1946	1945	1944	
Chickenpox (Varicella).....	2,951	5,758	3,541	4,929
Coccidioidal granuloma.....	3	2	4	
Conjunctivitis—acute infectious of the newborn (Oph- thalmia Neonatorum).....	3	3	3	
Diphtheria.....	172	151	127	116
Dysentery, bacillary.....	24	46	31	
Encephalitis, infectious.....	2	8	3	
Epilepsy.....	118	137	95	
Food poisoning.....	61	16	106	
German measles (Rubella).....	895	896	886	
Influenza, epidemic.....	2,305	128	9,042	461
Jaundice, infectious.....	23	28	20	
Malaria.....	107	6	4	
Measles (Rubella).....	3,596	2,010	1,290	1,296
Meningitis, meningococcal.....	103	88	137	
Mumps (Parotitis).....	2,437	4,194	2,776	2,779
Pneumonia, infectious.....	353	544	743	494
Poliomyelitis, acute anterior.....	54	17	21	17
Rabies, animal.....	41	36	61	40
Rheumatic fever.....	71	75	24	
Scarlet fever.....	1,143	1,819	886	741
Smallpox (Variola).....	1		8	
Tuberculosis:				
Pulmonary.....	689	627	551	581
Other forms.....	43	54	38	38
Typhoid fever.....	10	9	7	
Typhus fever.....	3	6	1	
Undulant fever (Brucellosis).....	21	10	19	19
Whooping cough (Pertussis).....	634	1,160	274	1,160
Venereal diseases:				
Chancroid.....	34	27	32	
Gonococcus infection.....	3,043	2,547	1,361	1,361
Granuloma inguinale.....	2	6	2	
Lymphogranuloma venereum.....	19	23	27	
Syphilis.....	2,417	2,643	2,129	2,007

printed in CALIFORNIA STATE PRINTING OFFICE 52214 3-46 7450

Warner G. Rice,
Director General Library,
Univ. of Michigan,
Ann Arbor, Mich.

a.
ne
il
be
il
se
le
ain

lar
ble
ed
er-

-97.
-941-
-948

1,928

116

401

1,299

33

2,778

494

17

43

741

551

38

1

1,168

1,301

2,087

80

y.